

**NOTIFICATION FORM FOR PERMIT BY RULE AUTHORIZATION FOR THE CALIFORNIA  
OFFICE OF THE STATE FIRE MARSHAL TO OPERATE A MOBILE FIREWORKS  
TREATMENT UNIT (MFTU)**

For use **only** by the Office of the State Fire Marshal (OSFM) for treating seized, confiscated or relinquished  
(Department of Transportation hazard class 1.4) fireworks.

Original \_\_\_\_\_  
Amended \_\_\_\_\_

UNIT SERIAL # \_\_\_\_\_

CALIFORNIA IDENTIFICATION # \_\_\_\_\_

PRIMARY CONTACT AT OSFM \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ALTERNATIVE CONTACT AT OSFM \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

IDENTIFY THE "HOME BASE" WHERE THIS UNIT WILL BE KEPT \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESCRIPTION OF THE HOME BASE, INCLUDING SECURITY PROVISIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UNIT SERIAL # \_\_\_\_\_

## CDF / OSFM STAFF WHO WILL BE AUTHORIZED TO OPERATE THIS UNIT:

**NAME # 1** \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE &amp; E-MAIL \_\_\_\_\_

**NAME # 2** \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE &amp; E-MAIL \_\_\_\_\_

**NAME # 3** \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE &amp; E-MAIL \_\_\_\_\_

**NAME # 4** \_\_\_\_\_

POSITION \_\_\_\_\_

PHONE &amp; E-MAIL \_\_\_\_\_

## OTHER OPERATORS:

Will staff from local agencies also be authorized by the OSFM to operate this unit?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain how OSFM will assure that the non-OSFM staff have successfully completed the required training. \_\_\_\_\_

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UNIT SERIAL # \_\_\_\_\_

## ATTACHMENTS:

#1: Describe in detail the procedures that OSFM and other designated operators will use when operating this unit. This description must include the procedures for loading the fireworks into the treatment unit, operating the unit, and the disposal of any treatment residues that are determined by the OSFM to be hazardous wastes.

#2. List the training courses that OSFM and other agency staff must successfully complete prior to being authorized by the OSFM to operate this unit.

## OSFM CERTIFICATIONS AND ACKNOWLEDGEMENTS:

- The OSFM certifies that only fireworks DOT hazard class 1.4 will be treated in this unit.
- The OSFM certifies that only OSFM staff and emergency response or law enforcement agency staff who have completed the training required to operate this MFTU will operate this unit.
- The OSFM acknowledges that the use of this MFTU must also comply with the requirements of each air quality management district and air pollution control district in which it is operating, and that this compliance must be documented in the operating record for this unit.
- The OSFM certifies that each OSFM and/or law enforcement or emergency response agency person has or will have successfully completed all required training courses before being allowed or assigned to operate this unit.
- The OSFM certifies that the unit described in these documents meet the eligibility and operating requirements of the applicable regulations.

The OSFM certifies under penalty of law that this document and all documents were prepared under my direction or supervision. To the best of my knowledge and belief, the information is true, accurate and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

\_\_\_\_\_  
Name (print or type)\_\_\_\_\_  
Title\_\_\_\_\_  
Signature\_\_\_\_\_  
Date Signed

## INSTRUCTIONS FOR NOTIFICATION FORM FOR PERMIT BY RULE AUTHORIZATION FOR THE CALIFORNIA OFFICE OF THE STATE FIRE MARSHAL TO OPERATE A MOBILE FIREWORKS TREATMENT UNIT (MFTU)

In order to obtain a PBR for treating seized fireworks in an MFTU, the OSFM must first obtain a California ID # for hazardous waste management for **each** transportable unit.

**HOW TO GET A CALIFORNIA ID #:** This number must be assigned before submitting the notification form for an MFTU. A California ID # may be obtained by submitting a completed **DTSC Form 1358 (7/06)**. Note that it takes 3 – 5 business days to process an application. **Complete California Hazardous Waste Permanent ID Number Application Form 1358, as follows:**

- #1. Check “generator”, and “A”
- #2. *Through #5. = not applicable*
- #6. Write in “OSFM Fireworks MFTU”
- #7. Write the home base address that will be used for this unit
- #8. *Not applicable*
- #9. Write the mailing address for the home base for this unit
- #10. This is the primary contact person for this unit; this should be the same person as line 3 of DTSC Form 1445
- #11. This is the person signing the certifications of DTSC Form 1445
- #12. SIC code is 9224 “Fire Protection”

Mail the completed Form 1358 to: Department of Toxic Substances Control – GISS, P.O. Box 806, Sacramento, CA, 95812-0806. For additional information on California ID #s, call the Generator Information Services Section at 1-800-618-6942.

### INSTRUCTIONS FOR COMPLETING DTSC FORM 1445, THE PBR NOTIFICATION FORM FOR THE OSFM’S MFTUs:

Please complete all sections. If you need more space, please attach additional pages. Note that there are two required attachments

The person signing the certifications must have the signatory authority to speak for the OSFM.

### SUBMISSION PROCEDURES:

You must submit **two** sets of the completed DTSC Form 1445 notification. Each set must have an original signature on page # 3 of Form 1445. The notification packages may be submitted in person, or by certified mail, return receipt requested, to:

Department of Toxic Substances Control  
Onsite Hazardous Waste Management Section  
Attn: MFTU Notifications  
1101 “I” Street, 11<sup>th</sup> Floor  
P.O. Box 806  
Sacramento, CA 95812-0806